



Arizona Peace Officer Standards and Training Board



BASIC TRAINING APPLICATION

PART I. APPLICATION FOR ADMISSION TO POLICE ACADEMY

1. NAME OF APPLICANT: (Last, First, Middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH:
4. APPLICANT'S HOME ADDRESS: (Include ZIP Code)	5. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	6. HEIGHT:
	7. WEIGHT:	
	8. APPOINTING AGENCY:	
	9. NCIC NUMBER:	
10. NAME OF POLICE ACADEMY: <input type="checkbox"/> ALEA <input type="checkbox"/> SALETC <input type="checkbox"/> CARLOTA <input type="checkbox"/> NARTA <input type="checkbox"/> MESA PD ACADEMY <input type="checkbox"/> OTHER:		
11. APPLICANT IS APPOINTED AS A: <input type="checkbox"/> FULL AUTHORITY PEACE OFFICER <input type="checkbox"/> SPECIALTY PEACE OFFICER <input type="checkbox"/> LIMITED CORRECTIONAL PEACE OFFICER		
12. CERTIFICATION: The undersigned individual hereby certifies: 1. I am a duly authorized representative of the appointing agency. 2. The above applicant meets all requirements for appointment as a peace officer in the State of Arizona as specified by Arizona Administrative Code R13-4-105 and R13-4-109. AZ POST Form A-1 has been submitted to the Board. 3. The above applicant has completed a medical examination as specified in Arizona Administrative Code R13-4-107. The examining physician was aware of the physical and mental demands placed on police cadets, and found no condition existing which precludes the applicant's full participation in all training areas. 4. All required AZ POST forms and documentation are on file and available for review upon request by the Board or its staff. _____ Agency Representative (type or print) Title Signature Date		

PART II. THE FOLLOWING ITEMS TO BE FILLED OUT BY APPLICANT

13. PRIOR POLICE ACADEMY ATTENDANCE: (if applicable) NAME OF ACADEMY: _____ LOCATION OF ACADEMY (City, State): _____ DATES OF ATTENDANCE: From _____ to _____ COMPLETED SUCCESSFULLY: <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF CERTIFICATION RECEIVED: _____ Note: If multiple academies, list details for each on separate sheet.
14. INDIVIDUAL CERTIFICATION: The undersigned individual hereby attests, a. I am aware of the minimum requirements for appointment as a peace officer in the State of Arizona as enumerated in Arizona Administrative Code R13-4-105, and R13-4-109, and to the best of my knowledge, meet ALL such requirements. b. I have completed a medical examination as required by Arizona Administrative Code R13-4-107, and my physical condition has not substantially changed since such examination. c. The personal information contained in this form is complete and accurate to the best of my knowledge. _____ Signature Date

PART III. FOR ACADEMY USE ONLY

15. DATE RECEIVED:	17. CLASS NUMBER or STUDENT I.D. NUMBER
18. COMMENTS:	